

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 568849

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/				
2	/					
3	/					
4	2					
5	2					
6	1					
7	2					
8	2					
9	2					
10	2					
11	2					
12	2					
13	2					
14	2					
15	2					
16	1					
17	1					
18						
19						
20	1					
21	/					
22	/					
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32						
33		1				
34			1			
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40			1			
41				1		
42					1	
43					1	
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49						
50						
TOTAL IND.	16	↓	3	↓		↓
TOTAL DEP.	27	←	11	←		←
TOTAL CLAIMS	43		14			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓			↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						